

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: FRIENDSHIP HAVEN (410296)

Address: 10 PLUIM DR, WAUPUN, WI 53963

License Status: REGULAR

Licensed/Certified/Registered 03/01/1993

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0094850 **End Date:** 05/03/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007151 Served 05/21/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0091726 **End Date:** 12/09/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006917 Served 12/30/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	05/03/2005	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	05/03/2005	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	05/03/2005	Yes
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	05/03/2005	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	05/03/2005	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	05/03/2005	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	05/03/2005	Yes
83.33(3)(j)2	RECORD KEPT OF RETURNED/DESTROYED MEDS	05/03/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 10/13/2003

Date Investigation Completed: 12/18/2003

Subject Area(s)

ABUSE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10006917

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